

7c-4 917

29  
8-31-01

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	ALMAZ		05-10-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AM	917	08-30-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

Claim	Date	
Final	Original	
1	01/01/01	
2	01/01/01	
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14	✓ 1-2-01	
15	✓ 1-2-01	
16	✓ 1-2-01	
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32	1-1-01	
33	✓	
34	✓	
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Claim	Date	
Final	Original	
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Claim	Date	
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If more than 150 claims or 10 actions  
staple additional sheet here

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